



	AUTHORIZE		nunications Carr		E FORM
0.0709 6 181.0	CE	RTIFICATED	COMPANY INFOR	ITAM	
Company Name: 8	300 Response Infon		011		
DBA/FKA: Same				Telephone #802-860-0378	
Malling Address:	1795 Williston Road	, Suite 200			
City: South Burlington		State: VT		ZIP Code: 05403	
ILEC	IXC	XX	CLEC		Wireless ETC
		REGISTERED	AGENT INFORMA	TION	
Registered Agent:	InCorp Services, Ir	1C.			
Mailing Address: ;	317 Ruth Vista Road	d			
City: Lexington		State: SC		ZIP Code: 29073-8628	

As required by Commission rules and regulations Print or type company contact person and contact information for the areas listed below:

	UTIL	ITY REPRESENTATIVE INFOR	MATION	
General Manager				
Name: Robert Cleary				
Address: 1795 Williston R	oad, Suite 20	0		
City: South Burlington		State: VT	ZIP Code: 05403	
Phone: 802-860-0378	Email: b	cleary@800response.com	Fax: 802-860-0395	
Emergency Contact - N	on Office He	ours		
Name: Linda Young				
Phone: 802-860-0378	Email: ly	oung@800response.com	Fax: 802-860-0395	
Customer Relations/Co	mplaints Re	P		
Name: Same				
Address:				200
City:		State:	ZIP Code:	
Phone: 802-860-0378	Email: lyoung@800response.com		Fax: 802-860-0395	
Complaints Rep for Cor	nplaint Esca	lation		
Name: Same				
Address:			7.00 F/32	
City:		State:	ZIP Code:	
Phone: 802-860-0378	Email: lyo	oung@800response.com	Fax: 802-860-0395	
Customer Toll Free Con	tact Numbe	r: 800-639-1650	00600.18	
Engineering Operations				
Name: Dan Sorrell				
Address: 1795 Williston Re	oad, Suite 200)		5/00 G
City: South Burlington		State: VT	ZIP Code: 05403	
Phone: 802-860-0378	Email: dsorrell@800response.com		Fax: 802-860-0395	
Test and Repair				
Name: Sane as Engineeri	ng Operations			
Address:				
City:		State:	ZIP Code:	
Phone:	Email:		Fax:	

Regulatory Officer				
Name & Title: Stephanie I	Perrotte, Senior A	Accounting Specialist		
Address: 1795 Williston R	oad, Suite 200			
City: South Burlington		itate: VT	ZIP Code: 05403	
Phone: 802-860-0378	Email: Sperrotte@800response.com		Fax: 802-860-03	
Annual Report Form Ma	allings			
Name & Title: Same as F	Regulatory Officer			
Address:				
City:	9	itate:	ZIP Code:	
Phone:	Email:		Fax:	
Dual Party Invoice Mai	lings			
Name & Title: N/A				
Address:				
City:	1. 11 - 2. 12 12 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State:	ZIP Code:	
Phone:	Email:		Fax:	
Universal Service Fund	Mailings			
Name & Title: Same as R	egulatory Officer			
Address:				
City:		State:	ZIP Code:	
Phone:	Email:		Fax:	
Gross Receipts Mailing	5		161	
Name & Title: Same as R	egulatory Officer	5.000110425 D	A12.42.22.22	
Address:				
City:		State:	ZIP Code:	
Phone:	Email:		Fax:	
Lifeline Contact			54	
Name & Title: Same as Re	egulatory Officer			
Address:				
City:		State:	ZIP Code:	
Phone:	Email:		Fax:	

FORM PREPARER INFORM	ATION
This form was completed by: Stephanie Perrotte	- 100 W.
Signature: Stephaneo Lanoville	,
Title: Senior Accounting Specialist	Date: ///7/2/

RETURN COMPLETED FORM TO:

Public Service Commission of SG Docketing Department

101 Executive Center Drive, Suite 100 Columbia, SC 29210

AND Att

Office of Regulatory Staff Attn. Kari Munn 1401 Main Street, Suite 800 Columbia, SC 29201

mailed 11/18/21